KANSAS MEDICAL JOURNAL.

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MISCELLANEOUS.

President's Address.

BY R. E. McVEY, M.D., TOPEKA.

Delivered at the annual meeting of the Eastern Kansas Medical Society, at Topeka, April 9, 1895.

Gentlemen: Another year has come and gone since you made me your president.

The silent work of the profession has steadily gone forward, and it is still the peer of all the professions. It is the superior of the other professions in the scope of its work, and in the diversity of its attainments.

Who but the physician has the knowledge of the metamorphosis of the vegetable products into animal tissues, and the formation of mind from formless material and their correlations.

The science of medicine is a true republic where thinking is one of the highest graces of scholarship. It is a vast field in which to think, and he who does not think falls back in the procession.

Medical science is rational knowledge and is derived from investigation and reasoning.

The science of medicine reaches from the jelly fish to Plato and philosophy. It is a Jacob's ladder between the higher and the lower upon which thoughts, like angels, are continually ascending and descending into the realms of discovery.

Medical science is moving forward. It is unlocking the secrets of nature and discovering to man those things which are and which are not inimical to his health and happiness.

Sanitary and hygienic sciences are doing much toward the preservation and extension of human life.

The acute infectious diseases, which carry off such a large proportion of the population every year, are controlled by sanitary and hygienic methods.

Malaria, typhoid fever, diphtheria, scarlet fever, smallpox and cholera are now classed as preventable diseases.

The etiology of the great white plague still eludes the searchlight of medical science, and thousands upon thousands die from the dreadful scourge every year. While the etiology of consumption is not settled, we know that in the early stages of the disease much may be done towards its cure.

The general anæmia and local congestion of the lungs produced by the disease in its first stages, yield to medical skill, nutrition and climate.

Post mortems prove that tubercles are often limited, encysted, removed or rendered harmless by surrounding tissues, and that many are cured every year by the skill of the profession.

I must believe that a large per cent. of the deaths from consumption is due to the dependence of the people upon the worthless trash known as "patent medicines." It is but just that the druggists who sell and the newspapers that advertise this worthless trash, should be held responsible for the great loss of life from consumption as well as other diseases.

It is a matter of regret that many physicians are using their influence in support of the Keeley institutes. In these institutes the nature of the medicines used are not disclosed to the public or physicians. In this State a damage suit has been brought against Dr. Keeley for $100,000, and the court has asked him to make known the remedies that he used in this particular case, but he refuses, claiming that the secret is

his trade mark.

Intemperance is a disease, and disease requires medical skill for its diagnosis and treatment. The pathology of intemperance is not necessarily the same in each individual, therefore it could not be possible that the same remedies would have the same results in each case. If individual physicians would withdraw their influence, this fraud would soon cease to disgrace the great Sunflower State.

Health is the physical, intellectual, moral and political strength of a people, and without health man is puny and insignificant.

The States and courts have said that a human life is worth $10,000, but this State has done nothing to protect the lives of the people from the fakirs which infest every town and city within its borders.

A medical law would mean less to the profession than to the public.

The people have less knowledge and are more ignorant of medicine and disease than any other branch of science.

In law it is a maxim that all are presumed to know the law, and practically they have opportunity to know it by reason of the statutes and decisions of courts, hearing of instructions of judges, and participating in trials as jurors.

In matters of theology the layman has the same knowledge as the clergy. The simple precepts of all religions are part of the common stock of knowledge.

Medicine is involved, hidden, intricate and complicated, and beyond the reach of the knowledge of the common people. The ignorance of the public is confessed, and there is no apter illustration than the speed with which a person with an ailment seeks relief from the physician.

True reforms are never won on a compulsory basis. Reforms lie in a larger enlightenment of the people.

Science is the great light of modern civilization, and medical science is one of its most brilliant tapers.

If reformation is to take place among the people, it must be through a greater knowledge of the science of health.

The profession needs no law for *its* protection. Medical education is the element which guarantees the permanent importance of the profession. The ability of diagnosis, the interpretation of diseases from their symptoms, which can only be done by the educated and trained physician, will ever secure to the profession the respect of the people.

As conservators of the public health it becomes our duty to affiliate with these great organizations, which extend from the Atlantic to the Pacific, and from the Great Lakes to the Gulf. Each member should come bringing to these societies the golden light of ripe experience.

It is from these societies that the material is gathered for our medical journals.

They are the carriers of our thoughts to the people, and should be found in the hands of every respectable practitioner of medicine.

The influence of these associations would be circumscribed, indeed, were it not for the brethren who hold in their hands the lightning of the press, that mighty engine of civilization, without which science to-day would still wear the monks garb of the dark ages, and would be as powerless for good as Prometheus bound.

Until the ingenious inventor of types opened the highway to thought, the human mind chaffed as a fettered prisoner within cloistered walls, and was manacled with the rusty chains of uncertain tradition.

But now science, mounted upon a chariot as glorious as that of Ezekiel's vision, with the lightning as a servant and outrider, is moving grandly to the accomplishment of man's high destiny.

The medical profession through its societies comes to the whole human race with healing in its wings.

Gentlemen, our profession has not reached the zenith of its glory; that is a goal situated on the outer promontory where human reason exhausted shall lie down to slake its thirst in springs which have their source in another world than ours.

But day by day the great work advances, and by patient toil and combined efforts of the profession we may approximate to that

perfection which has been given humanity to attain.

To the studious and energetic inquiry will continue to yield her trophies until the science of life shall be reduced to simple laws. But if our work is endless our record is nevertheless sure, and by every dictate of human sympathy we are impelled to increased exertion in behalf of our fellow men.

Let us, then, neglect none of the means within our reach for the advancement of the profession we have so nearly at heart, and the honor and fame of which we have voluntarily taken upon ourselves to sustain.

Our responsibility is very great, and I should regard that physician recreant indeed to the important trust who should fail to contribute to the maintenance, usefulness and interest of these societies.

Only at that point in the contest where each of us must give up the battle of life, may we shift our responsibility upon other shoulders. Then, like those, our lamented brothers, who have already penetrated that great eternal mystery, we may leave behind an honored name, and in this society an imperishable monument to our interest and industry.

In recalling the meetings of the past I remember with pleasure the spirit of harmony which prevailed, and doubt not but the discussions have been quite as profitable to all as to myself. And now I take the occasion to express my sense of gratitude to all who have participated in these meetings as essayists and speakers.

In vacating the chair I feel that I am making room for a more able occupant, one who will guide your deliberation with a more skillful hand. I have endeavored to discharge my duties faithfully, but I now feel that my experience in parliamentary rules but illy fitted me for the position.

Your kindness in electing me to the presidency, however, has been greatly exceeded by your manly forbearance with all my mistakes.

Is it necessary now for me to thank you for this courtesy? I have mentally done so many times.

I shall never cease to prize the honor which your votes gave me of being one of your presidents.

Melancholia.

BY M. MORGAN CLOUD, M.D.,
Assistant Physician Topeka Insane Asylum.

Read before the Eastern Kansas Medical Society, at Topeka, April 9, 1895.

Melancholia is a form of insanity in which there is great mental depression, with a diminution of the cerebral reflexes; there is great mental pain and the patient often suffers from præcordial fear and manifests suicidal tendencies. Melancholia is usually divided into four forms:

1. Simple melancholia.
2. Agitated melancholia.
3. Hallucinatory melancholia.
4. Melancholia with stupor.

Simple melancholia in its mildest form may resemble a case of ordinary depression of spirits, but is easily distinguished from the above mentioned by the experienced eye on account of the suspicious and peculiar expression of combined woe and mental dulness which are exhibited by the melancholiac; and there is not the obstinate insomnia in depression of spirits which is usually present in melancholia.

All mental impressions produce pain in these patients. Sweet odors, harmonious sounds, the presence of relatives and friends cause extreme mental pain, and it is nearly impossible to induce these patients to smile. The memory is usually retained and the patient may be able to reason fairly well on most subjects except his own condition.

He pictures a dark future for himself and waits restlessly for the time to come when he will be killed or tortured. As a rule, hallucinations and illusions are not present in simple melancholia.

In hallucinatory melancholia the melancholy is much more profound. The patient expresses great mental pain and also entertains hallucinations and illusions. Hallucinations of hearing are the most common and the patient distorts these into delusions

and thinks that God or the spirits command him to perform or not to perform certain things, as the case may be. He may think that he is commanded not to eat, walk, talk, etc. In fact, he is in a world of terror. Some will say that they have committed the unpardonable sin and can never be forgiven. Some say that they cannot stand this any longer; while others refuse to eat, saying the spirits command them not to eat.

I am treating a patient now who says that the spirits command him not to eat. He was fed with a nasal tube for about four months.

Some pray and others are in constant agitation; while others suffer great distress from præcordial fear, which is in all probability a functional disturbance of the heart. In stuporous melancholia the patient sits motionless and speechless, and some of them have told me that God commanded them to sit still; while others say that they would break to pieces should they attempt to walk. In these cases fortunately the patient is not so conscious of mental pain on account of the impairment of the memory. Any of the above-mentioned forms may be accompanied by præcordial fear, suicidal tendencies or homicidal tendencies for self-protection, or to obey the imaginary commands of the spirits.

Stress of some form may be said to be the cause of the majority of cases of melancholia. It may be the loss of friends or property, disappointment in love, or some other form of emotion complemented by an unstable nervous system. Mental and physical overwork and physical illness, as fevers, pelvic disease, malnutrition and parturition, may produce melancholia. I shall not attempt to discuss the pathology of melancholia, but will state that in a great many cases there is no cerebral lesion. The difficulty in these cases seems to be functional; hence there are good recoveries from melancholia after several years' duration. The diagnosis of melancholia is comparatively easy in the majority of cases. Insomnia, nuchalalgia and melancholy are the three most important symptoms, although one or more of the above-mentioned symptoms may be absent. The nuchalalgia or post cervical ache is nearly always present and may radiate from the top of the head to the lumbar region of the spine. Mania may resemble melancholia in the beginning, but a few days' time will make the diagnosis clear.

Hypochondria often resembles melancholia, but the hypochondriac talks freely of himself and trusts his physician as a protector and is not suspicious of others plotting against him; while the melancholiac is quiet, distrustful and asks for no medical treatment.

In the beginning general paresis may be mistaken for melancholia, but the inequality of the pupils, the lingual, facial and bodily tremor, imperfect speech, elevation of the temperature and delusions of grandeur in general paresis should make the diagnosis clear. In dementia there is a weakness of the mental faculties instead of a melancholic condition. The prognosis in simple melancholia and in the mild forms of hallucinatory melancholia is favorable, but is doubtful in stuporous melancholia. However, I have had two recoveries from stuporous melancholia during the past eight months.

The time required for a recovery varies from a few weeks to two or three years. some cases make a good recovery after three years or more. There are three essentials in the treatment of melancholiacs: isolation to prevent suicide or homicide, good nourishment and medication. These patients should be isolated either in an asylum or in their homes. However, these cases do better in an asylum. It is a mistake to have melancholiacs travel, as they are not benefited by travel and are likely to commit suicide at any time. The bowels should be carefully looked after as constipation is nearly always present. As medication they require tonics with narcotics to overcome the melancholic condition, and hypnotics to produce sleep.

The syrup hypophosphites compound with Indian hemp or hyoscine hydrobromate make a very good combination. The syrup hypophosphites compound is a splendid nerve and brain tonic, while the Indian hemp is a good

calmative and cerebral stimulant. The hyoscine hydrobromate is also an excellent calmative. As a rule bromides are contra-indicated in melancholia, as there is already an anæmic condition of the brain.

Bromidia in drachm doses and sulphonal in 20-grain doses answer all that is required in the way of hypnotics. Opium is good in chronic melancholia and is used by good neurologists in acute cases, but I have not had success with it in acute cases. Give good food, consisting of milk, eggs, meat and eggnog with wine, if required.

If these patients refuse to eat and cannot be persuaded to take any food, it will be necessary to feed them by means of a nasal tube.

If possible after they begin to improve let them occupy their time in some kind of employment.

Death Rate of the Races.

Medical Record.

In the reports of the vital statistics of the eleventh United States census the corresponding data from Boston, Philadelphia, Baltimore, Washington and from the New England states as a whole, taken with those from New York state and New York city and with those derived from a special investigation of over 10,000 Jewish families, including over 50,000 persons, leads to the following conclusions as being probable for the United States:

1. The colored race is shorter lived than the white, and has a very high infantile death rate; it is specially liable to tuberculosis and pneumonia and less liable than the white race to malaria, yellow fever and cancer.

2. The Irish race has a rather low death rate among its young children, but a very high one among adults, due to a considerable extent to the effects of tuberculosis, pneumonia and alcoholism.

3. The Germans appear to be particularly liable to disorders of the digestive organs and to cancer.

4. The Hebrews have a low death rate and a more than average longevity; they are less affected than other races by consumption, pneumonia and alcoholism, but are especially liable to diabetes, locomotor ataxia and certain other diseases of the nervous system.

Pott's Disease in Children.

Cincinnati Lancet-Clinic.

Pott's disease in children is so often recognized so late in its course that all hope for improvement is futile. The early symptoms and signs which should always be looked for are down by Dr. Dillon Brown in the *Archives of Pediatrics* in the following list of different points:

The pain, general disability and sickness are out of proportion to the apparent amount of spinal disease.

The onset is alarming and the progress of the disease is more rapid than in tubercular caries—the paralysis being an early symptom and the deformity appearing even in a few weeks after the beginning of the symptoms.

The local pain is intense; and the peripheral pains, the deformity, the extreme spinal disability and the paralysis, including incontinence of urine and fæces, rapidly grow worse in spite of rest in bed and instrumental support.

Secondary disease soon appears, rapid emaciation and marked cachexia are seen, and the patient does not live more than six or eight months.

Whether a vertebral caries is due to syphilis or to tuberculosis is of immense importance as regards prognosis and treatment. In both diseases the symptoms are almost identical, and the diagnosis must be based upon the history, the presence or absence of the evidences of syphilis, and the result of treatment. In tuberculosis there is more likely to be an evening rise in temperature, and the pus and debris may contain tubercle bacilli. Syphilis is suggested by nocturnal pains, and the development with chronic disease of some other joint or joints or some other part of the spine.

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Topeka, Kansas, Saturday, April 13, 1895.

Registration of Syphilitics.

Registration is the order of the day in medicine. It has been proposed to register all consumptives; all acute contagious diseases are reported by the physicians or householder with some exceptions, and here again it is proposed by Dr. F. B. Maine in the *American Medico Surgical Bulletin* to register all syphilitics.

How such a plan can be made feasible in this free country is hard to see. In continental countries a very sensible plan is adopted of compelling all public prostitutes to be examined two or three times a week and to be duly registered and deprived of their calling if a venereal disease be found, but the proposition to register all of both sexes whether the disease be acquired in one or another way, seems almost beyond the realm of possibility.

What is to be gained by the registration of all syphilitics is hard to be seen, for suppose a man or woman is known to have had syphilis some time during the course of a long existence, how will the fact of registration have a restraining effect on any act and who is it who will scan the morning papers to see who are the most recently enrolled in the syphilized army. The proper way is to register all prostitutes, whether public or private, as far as they can be reached and then by putting all diseased ones into a special hospital until the period of contagion is passed, or compelling them to stop their avocation altogether, would soon check the spread of the disgraceful venereal diseases.

General registration is Utopian and impracticable, and even if Dr. Maint congratulates himself that he is the first one to open this subject in his State, he will find out that registration will be observed more in the breach than in the observance.—*Maryland Medical Journal.*

The above editorial, which appeared in a recent number of the *Maryland Medical Journal*, is in direct line with a subject which should be of vital interest to the profession. The registration of syphilitics, as the registration of prostitutes, is in a sense a legal recognition of a nefarious business. The advantages of such registration seems to us to be entirely limited to those who at least are accessories to a crime. It ought not to be the policy of our State legislation to recognize any form of crime, yet it must do so if such registration is enforced.

If a man by an infraction of the law exposes himself to dangers in addition to legal prosecution, it hardly seems consistent with good government that through legal enactment this danger should be eliminated. In other words it is poor policy for municipal or State governments to promote a vice or aid and abet a crime which it is the interest of civilization to prevent. That very protection against infection which it is proposed by law to enforce is one of the greatest

drawing cards of the modern demi monde.

Though the actual effects of enforced registration are of very doubtful benefit, the intent of the law is to be commended. Any means which will check the rapid spread of syphilis or will offer protection to the innocent against infection, should be met with open arms; but on the other hand the great benefits to be derived must be estimated by their proportion to the possible injuries. Now, in the first place, as is suggested in the above, a law of general registration could not be enforced. Neither would the plan of compulsory examination meet the exigencies of the case, for it has been repeatedly demonstrated that the greatest source of syphilitic infection is not houses of prostitution, but the socalled "private snaps," and it is this class which it is impossible to reach by either of the plans proposed.

One who knowingly and willingly exposes himself to possible infection needs no sympathy and deserves no protection. It is the innocent, unsuspecting victim who becomes his partner in marriage that needs protection. There is in most States already a legal restriction upon marriage and candidates must secure a permit from the proper officers before the marriage ceremony can be performed. An additional requirement that each applicant must present a satisfactory certificate of health would be a safeguard which, while it might not greatly retard the spread of syphilis, would protect those most in need and prevent the birth of innocent unfortunates who must bear through life the burden of their father's sins.

The Golden Belt Medical Society.

The sixth annual meeting of the Golden Belt Medical Society was held in the office of Dr. E. B. LaFevre, in Abilene, Kansas, April 4, 1895.

President Murphy called the afternoon session to order at 3:45 P.M., and called for the reading of the minutes of the last meeting.

The minutes being read, Dr. J. W. Felty corrected that portion which described one of the cases he reported, so as to read "whose stomach on autopsy was found to be dilated to the extent of holding eight quarts" instead of "eight pints," as stated in the minutes. The correction being made Dr. Felty moved the minutes as corrected be received. Carried.

Papers being called for, Dr. E. E. Hazlett, of Abilene, responded by reading the report of a case of "Primary Naso-Pharyngeal Tuberculosis," exhibiting the case, that of a young woman, cured through the use of nuclein.

The reading of this paper provoked lengthy discussion, indulged in by Drs. LaFevre, Sheldon, Felty, and Hazlett.

In the absence of the author the secretary read a carefully prepared paper entitled "Diphtheria," by Dr. H. O'Donnel, of Ellsworth. This production was discussed by Drs. Hazlett, Dewees, Sheldon, and Sutherland.

On motion, the society adjourned to meet in the same place at 7:30 P.M.

The president not having yet arrived, Vice-President Sutherland called the evening session together promptly at the appointed time, then calling Dr. Dewees to the chair, Dr. Sutherland read a very interesting and timely production under the caption of "Dyspepsia." Discussed by Drs. Dewees, Sheldon, Curtis, Hawthorn, and Sutherland.

Dr. J. T. Curtis, of Dwight, presented the next paper entitled "Sarcoma," which was profitably discussed by Drs. Sheldon and Curtis.

Dr. W. B. Dewees, of Salina, reported a case of "Primary Adeno-Sarcoma of the Thyroid Gland," Dr. LaFevre reading the report of a detailed examination of the tumor. Discussed by Drs. Hawthorn, Dewees, and Sheldon.

Miscellaneous business being next in order, Dr. S. E. Sheldon, on behalf of the committee on necrology, appointed at the last meeting to formulate suitable resolutions on the death of Dr. G. E. Harvey, of Junction City, and Dr. Reid Alexander, of Topeka, presented the following for the in-

dorsement of the society:

WHEREAS, Two of our members have passed to the unknown world since a report on necrology has been made; therefore be it

Resolved, That the death of Dr. Reid Alexander brings to us sorrow and loss to our profession. That the brilliant intellect and surgical skill of this young man gave promise of a useful career in our ranks, which by this to us untimely death results only in disappointment.

Resolved, by the Golden Belt Medical Society, That in the death of Dr. G. E. Harvey we lose one who did much in the organization and maintenance of this society; and further that we extend to the bereaved relations our sincere condolence.

Resolved, That this report be recorded in the minutes of this meeting.

W. S. LINDSAY, *Chairman*.

The secretary presented an application for membership from Dr. R. S. Stofer, of Salina, a graduate of the medical department of Wooster University, class of 1876, and recommended by Drs. W. S. Harvey and W. B. Dewees. As a board of censors to act on this application the president appointed Drs. Neptune, J. W. Felty, and Hawthorn. Upon reporting favorably. a motion carried to instruct the secretary to cast the votes of the twelve members present for Dr. Stofer's unanimous election.

The secretary-treasurer then made his annual report, showing among other things that we now have thirty-nine active and ten honorary members on the rolls; that the society had during the past year held its four regular meetings with an average attendance of twelve members; that there had been twenty-five communications presented to the society during the year, and four clinical cases; that the entire number of papers read had been of a high order of merit and an honor to the society; that the papers had each elicited valuable and profitable discussion; that during the year we had gained twelve active members; that during the same length of time we had lost through death three active members; that on the whole the society had had by far the most prosperous year of its existence; that the societies usefulness had grown and more than fulfilled its normal functions; that its prospects for the future were of the brightest nature, and that each and every member had cause to feel honored that he was a participant in the accomplishment of the above-mentioned ends.

On motion, the report of the secretary-treasurer was approved and accepted as read.

This being the annual meeting, and the next business in order, the president appointed Drs. Dewees, Hawthorn and Sheldon to nominate officers for the ensuing year.

After due time the committee submitted the following:

President—Dr. E. E. Hazlett, Abilene.

First Vice-President—H. H. Sutherland, Herington.

Second Vice-President—W. S. Harvey, Salina.

Secretary-Treasurer—E. B. DaFevre, Abilene.

On motion, the report of the committee was accepted, the nominations closed, and the gentlemen named by the committee elected by acclamation.

The retiring president, Dr. Murphy, in a few words heartily thanked the society for the honor that had been given him and the courtesies extended by the members during his term of office.

Thereupon Drs. Dewees and Felty escorted the newly elected president, Dr. Hazlett, to the chair, who expressed the appreciation he felt for the trust that had thus so kindly been bestowed upon him, and gave the society the assurance that he would do all in his power to advance in every way the best interests of our society.

On motion, a vote of thanks was tendered the officers of the past year.

Dr. Felty suggested that inasmuch as the next meeting would regularly occur during heated term, that it be omitted, and there be no more meetings until the regular October one. Discussion of this question elicited the fact that it was the enthusiastic desire on the part of the society to continue their meetings in the regular order, and that the next meeting be held in Salina the second Thursday in July, 1895, instead of the first

Thursday, as that day falls on a national holiday.

"WHEREAS, Certain changes in the code of ethics adopted by and now in force with the American Medical Association have been contemplated, and possibly will be brought prominently before and voted upon at the coming meeting of the American Medical Association, to be held in Baltimore during May of the present year; and

"WHEREAS, We believe that certain of the proposed changes will work harm to and prove detrimental to the best interests of the profession; therefore be it

"*Resolved*, That it is the sense of the Golden Belt Medical Society that no changes should be made in so far as it pertains to the allowing of more liberal privileges as relates to the affiliation of the regular profession with irregulars.

"*Resolved*, That the delegates to the American Medical Association from the Golden Belt Medical Society be instructed to use their greatest possible influence against, and to vote against the adoption of said changes.

"*Resolved*, That a copy of these resolutions be sent to the editor for publication in the *Journal of the American Medical Association*."

"WHEREAS, The trustees of the American Medical Association and the editor of the *Journal of the American Medical Association* are permitting certain advertisements to appear in the association journal, such as 'Labordine,' 'Antikamnia,' 'Perpœna,' the 'American Physicians' Sanitarium Association,' and other secret nostrums and questionable advertisements; and

"WHEREAS, The Philadelphia County Society has duly, through their appointed delegates, called the attention of the trustees and editor to the matter, and they having thus far disregarded the wishes of the Philadelphia County Medical Society, and through them the instructions given by a vote at the last meeting of the American Medical Association; therefore be it

"*Resolved*, That the Golden Belt Medical Society indorse the action taken by the Philadelphia County Medical Society in the matter, and urge the renewed and continued effort, both on the part of the Philadelphia County Medical Society and all other medical societies, to purge the pages of the *Journal of the American Medical Association* of such disreputable advertisements as have been mentioned, and all others of a like nature.

"*Resolved*, That the delegates from the Golden Belt Medical Society to the American Medical Association be instructed to use all possible influence, and also their ballot, in furtherance of these objects.

"*Resolved*, That a copy of these resolutions be sent to the secretary of the Philadelphia County Medical Society, and also a copy to the editor for publication in the *Journal of the American Medical Association*."

Dr. J. W. Felty moved that the resolutions be read and voted on by sections. Carried.

The secretary then read same by sections, and the resolutions as given above were unanimously adopted.

There were present during the meeting the following-named members and visitors: Drs. Murphy, Hawthorn, Curtis, Hodge, Neptune, Hazlett, Sutherland, J. W. Felty, Sheldon, LaFevre, Dewees, H. B. Felty, Searl and Mr. Jolley.

E. B. LAFEVRE, *Secretary*.

Eastern Kansas Society.

The Eastern Kansas Medical Society met in A. O. U. W. hall, Topeka, April 9, 1895.

Present: Drs. J. C. McClintock, F. E. and D. Storrs, J. P. Lewis, M. R. Mitchell, V. E. Church, S. E. Cloud, George Limmer, M. A. Millard, John Gilbert, B. D. Eastman, G. A. Wall, R. E. McVey, Theo. W. Peers, L. M. Powell, W. S. Lindsay, M. B. Ward, J. E. Minney, H. K. Teft, C. S. McClintock and Dr. G. A. Tull, of Topeka; A. L. Hamilton, of Carbondale; George Gray and Cornell, of Kansas City, Kas.; W. S. Piccard, of Burlingame; F. E. Schenck, of Harveyville; Bunn and wife, of Law-

rence; G. Bower, of Lexenia; also Messrs. Duncan and Davis, medical students.

Dr. R. E. McVey, President, in the chair.

Dr. M. O. Millard, of the Buffalo University School of Medicine, and Dr. A. L. Hamilton, of Rush Medical School, were elected members of the society.

Drs. Powell, Peers and Gray were appointed censors for the evening. Dr. Minney was elected secretary *pro tem.*

This being the regular annual meeting of the society, the committee on nominations, consisting of Drs. Wall, Piccard, Gilbert, Lewis, reported favorably on Dr. J. C. McClintock for president, Dr. W. S. Bunn for vice-president, Dr. John Gilbert for secretary, and Dr. Ida C. Barnes for treasurer. They were unanimously elected.

The retiring president, Dr. R. E. McVey, read an address on medicine in general.

Dr. Piccard reported a case of sarcoma of the kidney, presenting the specimen.

In the discussion Dr. Gray said that sarcoma in children was common, but carcinoma was uncommon.

Dr. Ward: An operation was contra-indicated late in the disease in this case and Dr. Piccard did right in refusing to operate.

Dr. Mitchell: I would like to hear a full report of the family history. In many instances this gives us a clue to the disease. The doctor should be commended for his humanity in caring for the case.

Dr. Powell: I think it is a sarcoma. I have seen a number of cases in children. An early operation should have been done and gave the only hope of cure.

Dr. Piccard: One recent author says that carcinoma is common under four years of age, while another equally as good authority reverses the statement. There was no history of cancer in the family so far as I could learn. The pain and temperature was practically *nil.*

The next paper was by Dr. M. Morgan Cloud on "Melancholia."

Discussion—Dr. Eastman: These patients should be isolated. Friends should not be permitted to visit them. These cases usually recover if proper treatment is carried out, which consists of rest, quiet, good food and but little medicine. One case I recall of seven years standing in which the patient recovered. There are reported cases of recovery after fifteen years duration. Evidently there is no brain lesion or perfect recovery would not result after so long an affection.

There being no further business the meeting adjourned. J. E. MINNEY,

Secretary pro tem.

WE have recently had some personal experience with the effects of poisoning. During said experiments numerous specific antidotes were suggested, but from the various results of those we had time to try our faith in medicine as an exact science has been very much shaken. We would like further to suggest that if some of our professional brethren who have had experience in this line will prepare a paper or a volume on the disease and its treatment it will meet a ready acceptance by the editor, and we are confident a hearty reception by our readers.

AT the meeting of the alumni of the Kansas Medical College was reported a case of stricture of rectum, which proved to be a mass of cotton which had been carelessly left in the rectum after a surgical operation. The patient had been dosed with cathartics and numerous enemas without result. A member of the Alumni Association was called and after hearing the history of the case made an examination, and after cutting an adhesive band which was first seen, found well impacted in the rectum a large mass of cotton.

DR. M. R. MITCHELL has recently been appointed city physician of Topeka by Mayor Fellows. This appointment will meet the hearty indorsement of the profession and the people.

REMEMBER that we will furnish you the JOURNAL for one year and Helbing's Modern Materia Medica for $2.50.

A National Board of Health.

National Board of Health Magazine.

Although the collective wisdom of the statesmen at Washington has not been readily responsive to the executive suggestion that a national board of health be established, there can be little doubt that the public judgment would approve of the creation of such a body. Immigration has slackened and diminished in volume, yet it adds over 300,000 a year to our population; and a large proportion of these should be subjected to a rigid and systematic sanitary supervision. The federal appliance and agencies to this end are confessedly inadequate, and even if placed upon the highest possible plane of efficiency, could not cope with difficult problems in sanitation as efficently as a regularly organized administrative bureau.

Besides the constantly recurring risk of a foreign invasion of infectious diseases, there are many oscure conditions surrounding the internal health status of the people, which in the interest of general wellfare should be investigated and rendered clear. The vital statistics now accessible to scientists and sanitarians are contained in isolated and fragmentary local or state reports, following no general plan, and all more or less incomplete. The jealousy and local pride which is inevitably developed in communities desirous of attracting population almost precludes the possibility of securing reports in regard to sanitary matters which will command credence and confidence. Researches into local epidemics or sporadic manifestations of disease are necessarily incomplete and unsatisfactory because of the natural disposition of those most deeply interested to suppress important facts and untoward conditions. It was impossible, for example, to secure trustworthy reports of the yellow fever epidemic in Florida and Georgia; nor has a critical study of such outbreaks been possible under the repressive influence of State laws and the discouraging weight of adverse local sentiment.

The widely diversified climatic conditions prevailing in the country, the peculiar liability of of many sections of it to malignant recurring attacks of well known disorders and the perpetually open doors to all the plagues of mankind afforded in our immigration laws, afford ample warrant for the President's recommendation that a national bureau of health be established. The supreme value of such an administrative agency would be speedily disclosed in a season of sanitary danger like that which menaced the seaport cities during the cholera two years ago.

Caution in the Use of Animal Extracts.

Medical Record.

In a previous issue, reference was made to beneficial results having been noted, in a case where the injection of a preparation of the supra-renal capsule was used for curative purposes. We therefore consider it our duty to draw the attention of our readers to recent researches, made in England by Dr. Oliver, of Harrogate, which poidt to a great danger attending the use of such remedies.

We are indebted to Dr. Addison, of Guy's Hospital, London, for the first hints regarding the connection between certain diseases which always proved fatal and certain conditions discovered in the supra-renal capsule after death; but it was Brown-Sequard who first demonstrated that the total removal of these bodies had a fatal result, accompanied by an alteration in the blood which rendered that fluid poisonous to other animals.

More recently Dr. Oliver has discovered that, in both alcoholic and watery extracts of the supra-renal capsule, a most potent substance is produced.

If only as much as a grain by weight of this organ be extruded with alcohol and allowed to dry, and then be redissolved in a little water or salt solution, the most extraordinary results will follow if this fluid is injected into the blood of a dog.

It will raise the pressure of the blood within arterial system to an enormous extent, so that, from a blood-pressure which would be sufficient to balance a column of

some four inches of mercury, the pressure may rise so high as to be equal to a column of mercury of twelve or more inches. Such result being obtained by a very minute dose. As Dr. Oliver states, we have here to do with a substance as potent, although in a different direction, as strychnia.

These facts we make known in the hope that they may serve as a caution to those making use of the organs of animals in their practice, as they clearly point to the conclusion that the whole subject must be investigated further, before such remedies can be administered without the greatest caution.

The Celestial Method of Detecting Opium.

University Medical Magazine.

In the forty-second issue of the "Chinese Maritime Customs Medical Reports," published at Shanghai, Dr. George R. Uuderwood gives an interesting account of the medico-legal method employed by the Chinese mandarin for the detection of opium in the corpse of a person alleged to have died of the poison. We commend it to our chemists for its novelty and the ease of its carrying out; leaving its accuracy to the test of time, experience, medico-legal wisdom.

There had been sorrow and confusion in the family of Huang-Hu. The mother, a woman (for even in China the mothers are women), was dead. The questions, were, why did she die? how did she die? and, perchance, by whom did she die? So the court of the mandarins was assembled. Under the stern direction of the mandarin judge, the mouth, nostrils, vagina, and rectum of the unprotesting corpse were tightly plugged with wet paper, and two probes of untarnished silver, about twelve inches long, were passed for nearly their full length—one into rectum, the other into the mouth. Next, the head and trunk were wrapped in sheets of wet paper, the whole body enveloped in quilts, and boiling water, kettleful after kettleful, was poured as quickly as could be procured over the corpse. The temperature was 95° F. in the shade; the afternoon sun was broiling hot; dinner had been postponed; no wonder the temper of the Chinese mandarin was only prevented from boiling over by a series of arid remarks to the corpse, the attendants, and the world in general. The pouring and the objurgations were on *pari passu* for an hour and a half, when the face was uncovered, and the probe passed in through the mouth found to be untarnished. After sundry head-shakings and expostulations, the probe was replaced; again the stream of heated water and heated words splashed on the by-stander until another fifteen or twenty minutes had passed, when the mouth probe was again brought to light; and in its blackened surface celestial wisdom read the story of opium poisoning; a story which received further confirmation when from the uncovered swollen body the rectal probe was taken out and found badly stained.

After it was shown that the woman truly was dead of opium, the hunt grew hot for the author and source of the poisoning. The sleuth-hounds of the Law Department of the University may well be interested in the unwindings and outdoings of the court hereafter; but for the medical man the interest of the case ceases with the determination of the death; and so, as with the Lady and the Tiger, we leave unsolved the why, the wherefore, and by whom the death came.

Prostitutes and Pus-tubes.

Medical Record.

It is very widely maintained among gynecologists that tubal abscesses are in a large measure traceable to the existence of previous gonorrhœa on the part of the husband. It is not uncommon for surgeons to contend that this condition is to be traced back to gonorrhœas that have passed away years before marriage, insisting that the gonococcus has been hiding away all that time in some quiet receptacle, only to come out and in the light of the honeymoon invade the uterus and tubes of the unsuspecting bride. If this contention be true, prostitutes who ply their

trade more than two or three years ought not to possess healthy ovaries, for it is the rarest thing for them to escape having in that time two or more attacks of gonorrhœa. Yet, as far as impressions from our reading and personal observations go, they are strong that the number of operations on account of salpingitis among prostitutes is disproportionately small; and this, notwithstanding the fact that the temptation is great for those who would gain experience to operate on this class of patients. It would be interesting to know what proportion of cases of pustubes are found respectively in chaste women and in prostitutes.

Treatment of Non-Diphtheritic Sore Throat By Applications of Guaiacol.

Dr. E. Darbouet In Medical Week.

The author, who practices on the seacoast among a laboring population exposed to all kinds of weather, where phlegmonous and pultaceous anginæ are extremely frequent, has obtained excellent results in the treatment of non-diphtheritic sore throat from penciling with guaiacol, a treatment which Dr. J. H. Raymond, clinical assistant in the department of diseases of the respiratory organs, at the Chicago Medical college, appears to have been the first to employ.

The results obtained by Dr. Darbouet were invariably excellent. Guaiacol has, consequently, stood the test as a remedy for acute angina, and is thus worthy of an important place in the therapeusis of this affection.

Dr. Raymond employed pure guaiacol; but as Dr. D. considers this too irritating by far for the throat, he prefers to mix it with glycerin. For adults, equal parts of both are used; for children one part of guaiacol is mixed with two parts of glycerin.

The guaiacol and the glycerin do not mix thoroughly, and it is, therefore, necessary to soake the bottle well before applying the mixture.

The first sensation of the patient, after the pharynx has been painted, is one of burning and rather painful oppression, added to the disagreeable taste of the drug. But in less then a minute these effects disappear; and, if the pultaceous coating is lifted up sufficiently so that the guaiacol can reach all the inflamed parts of the mucosa, the patient experiences a sense of great relief, the thoat feels fresh, and swallowing of saliva and food is free from pain. Lastly, the febrile temperature rapidly falls. Dysphagia and fever, however, reappear later on, but are greatly attenuated and yield promptly to repeated applications of guaiacol, which will be found to be much less painful than the first.

Dr. D. usually orders four applications in the twenty-four hours, the last during the day to be made quite late, and the first one the next morning at an early hour. In this way the patient, as a rule, enjoys a good night's rest.

In cases of pultaceous angina in adults, this treatment is assisted by the use of the following gargle:

Potassium chlorate.....	2 parts
Rose honey.....	25 parts
Rubus infusion.....	100 parts

For external use.

In children, 3 per cent. boric acid irrigations are resorted to five or six times daily.

In phlegmonous angina, Dr. Darbouet prescribes a hot decoction of mallow and poppy, with the addition of boric acid or borax.

Lastly, to combat the headache, he administers a few doses of antipyrine.

Under the influence of these therapeutical measures, more particularly the applications of guaiacol, the most intense sore throats run their course without fever or pain. The general condition remains good during the whole duration of the affection, which frequently is manifestly shortened. When a phlegmonous angina ends in the production of an abscess, it forms and opens almost without pain, it is stated.

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Digestion and Diet.

Sir William Roberts.

The appearance of this little work almost marked an era in the field of physiological chemistry, and at once stamped its author as an authority on all subjects pertaining to human food.

In speaking of starch, he says, "The importance of starch as an article of human food has perhaps scarcely been duly recognized. If we regard the enormous proportions in which the seeds of cereals and leguminous plants and the tuber of the potato enter into our dietary, and the immense percentage of starch in these articles, it is probably not too much to say that fully two-thirds of the food of mankind consists of starch."

It is deplorable, but a fact nevertheless, that intestinal or pancreatic indigestion is rapidly increasing, and starch must be omitted from the dietary of a patient so afflicted, for, notwithstanding its importance as a food, if it is not digested it rapidly ferments, and is consequently worse than no food at all.

No observing physician needs to be told the immediate results of any interference with the starch-digesting functions of the pancreas. Rapid loss of weight and strength are but the precursors of more serious troubles.

It is in cases of this character that an artificially-digested starch food like paskola proves of greatest value, for not only does it present this most important element of the human diet in a form ready for immediate assimilation, but it aids the digestion of other foods.

The uses of such a preparation are legion, and paskola is destined to fill an important place in the newer materia medica. A supply of the product will be gladly sent, express prepaid, to any physician who may wish to test it in his practice.

For Sale.

Part of Dr. Reid Alexander's medical library. Also microscope and Otis urethretome. Address W. A. Alexander, Kellam Book and Stationary Co., Topeka.

Notice.

To the Editor.

Having had a number of inquiries regarding the railway fare to the meeting of the State Society, I wrote Mr. Black for further particulars. His reply is found below.

G. A. WALL, M.D.

TOPEKA, KAS., April 8, 1895.

Dr. G. A. Wall, Topeka, Kas.—DEAR SIR: Answering your favor of the 6th inst. inquiring if any specified number should be in attendance at the Kansas Medical Society annual meeting, to be held at Topeka, May 16 and 17, in order that reduced rates may be granted: Beg to advise that a fare and one-third on the certificate plan, which is the rate authorized for the above meeting, requires that 100 be in attendance by rail.

Yours truly.

W. J. BLACK, A. G. P. A.

STEARNS' cascara aromatic is an aromatic sweetened fluid extract of cascara sagrada, and is applicable in all cases where regular cascara is indicated. As a palatable preparation, it is far superior to cascara cordial and similar preparations, and has the additional advantage of being concentrated, and may therefore be administered in correspondingly smaller doses. Recent investigations of cascara have shown the bitter principle to be devoid of laxative or desirable therapeutic properties, and taking advantage of these facts cascara aromatic was prepared by a suitable process which eliminates the bitter principle entirely. The bitter is not merely masked, but is removed entirely. The resulting product is a valuable remedy in chronic constipation and dyspepsia, and indigestion accompanied by constipation. It increases intestinal peristaltic action and stimulates the hepatic and other secretions of the alimentary canal. In constipation it should be used in carefully graduated doses, sufficient to move the bowels in a natural manner, but not sufficient to purge, as the catharsis is not desirable. Its use should be persisted in so as to give the organs time to resume their natural functions with vigor and regularity.